

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8591	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Gregory C Scott  P.O. Box, Bldg., Room No., if any  Street 1631 Elderslee RD.  City Pittsburgh  State Pennsylvania ZIP Code + 4 15227-3716	4. Name, file number, and address of labor organization.  Name Asbestos Workers Local Union #2  Labor Organization File Number 035-280  P.O. Box, Building and Room Number, if any P.O. Box 595  Street 1057 Clinton RD.  City Clinton  State Pennsylvania ZIP Code + 4 15026-0995
5. Position in labor organization. Treasurer and Wealfare Fund Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 8/8/2005	412-881-3419
	Date	Telephone Number

Name of Person Filing Gregory Scott	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers Local Union #2 Welfare Fund</p> <p>Trade Name, if any: C/O Frank Vaccaro &amp; Associates INC.</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 27 Roland Ave. Suite 200</p> <p>City Mount Laurel</p> <p>State New Jersey ZIP Code + 4 08054-1038</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Reimbursement of cell phone bills</p>
	<p>11.b. Approximate dollar value of such dealing. \$517</p>
	<p>12.a. Nature of interest held or income received.</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Fennell Consulting</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 5516 Maple Heights RD.</p> <p>City Pittsburgh</p> <p>State Pennsylvania ZIP Code + 4 15232</p>	<p>14.a. Nature of payment.</p> <p>Dinner</p>
<p>13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$55</p>

Name of Person Filing Gregory Scott

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## Part C Continuation Page

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Delta Dental

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street One Delta Drive

City Mechanicsburg

State Pennsylvania

ZIP Code + 4 17005-6999

14.a. Nature of payment.

Dinner and Baseball Game

13.b. Is the Business an Employer

or Consultant ☒ ?

14.b. Amount of payment.

\$65

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant ?

14.b. Amount of payment.

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant ?

14.b. Amount of payment.

